



Drumbaragh National School Enrolment Form

Child's Details

Child's name as on Birth Certificate:	Transferring from: Please circle <input type="checkbox"/> Preschool <input type="checkbox"/> Primary School
Enrolment Date:	Name of School:
Circle: Male Female	Date of Birth:
Nationality:	P.P.S. Number:
Country of birth: (If other than Ireland please state date of arrival in Ireland)	Address:
Religion: (if applicable)	
Names of Siblings in Drumbaragh NS (if any)	

Parents' Details:

	Mother	Father
Name		
Address (if different to your child's above)		
E-mail address		
Mobile Number		
Text a Parent/ Aladdin designated mobile number		
Occupation		
Work address		
Nationality		

Language spoken at home		
Are there any court orders in place regarding your child? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details:		

Emergency Contact Details (if parents are not available):

Name		
Relationship to the child		
Number		

Educational Details:

Transferring from Preschool		
Has your child attended pre-school?	If yes, please state the name of the school:	
Yes No		
Transferring from another Primary School		
Name & address of school		
Dates attended	From: _____ To: _____	
<i>Please furnish school with all reports and assessments pertaining to your child</i>		
Intended class for Enrolment:		

Medical and Developmental Details

Any medical information/ history/condition/allergies the school should be aware of?

Name and address of family G.P:

Does your child have any special educational needs? If so, please state.

Has your child attended a speech therapist? If yes, please give further details & furnish reports upon return.

Has your child attended an occupational therapist? If yes, please give further details & furnish reports upon return.

Has your child attended an educational psychologist? If yes, please give further details & furnish reports upon return.

I/we consent to this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and to other primary schools my child may transfer to during the course of their time in primary school. I understand this will only be commenced if my child is accepted into the school.

I/we consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Please ensure that you have included the following with your application:

1. Fully completed application form
2. Birth Certificate
3. Baptismal Certificate if applicable
4. Copy of utility bill for proof of address
5. Psychological or other assessment reports if available



Drumbaragh National School Consent Details

Please Tick	Permission Granted	Permission Withheld
I consent to my child attending the Learning Support Teacher if necessary		
I consent to my child taking part in the Stay Safe programmes		
I consent to the school giving contact details to the Health Service Executive (HSE) e.g. for dental, eye checks and vaccinations		
I consent to my child being brought straight to hospital in the case of serious illness or accident		
I consent to my child's photo and work, without name unless previously consented being published in relation to school activities and events on our school blog site and school Facebook page		
I consent for my child to engage with digital learning applications in line with school teaching.		
In accordance with our admissions policy, I agree that my child will follow the agreed Code of Behaviour and Anti-Bullying Policy as set down in Drumbaragh NS.		

I have read and approve the provisions of the school's Code of Behaviour and I will make all reasonable efforts to ensure compliance by my child.

Please circle Yes No

I/We confirm that all the above details are correct.

Signed: _____

Date: _____

Signed: _____

Date: _____

Department of Education Primary Online Database

Birth Cert Forename: _____

Birth Cert Surname: _____

PPSN of Pupil: _____

Mother's Maiden Name: _____

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which will involve schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database will allow the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning Support and if so the type of learning support, whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are sensitive personal data categories under Data Protection legislation. These questions are optional. While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories based on the Census of Population)

White Irish Irish Traveller Roma

Any other White Background Black or Black Irish - African

Black or Black Irish - Any other Black Background Asian or Asian Irish – Chinese

Asian or Asian Irish - Any other Asian background Other (inc. mixed background)

No consent

What is your child's religion?

Roman Catholic Church of Ireland (Anglican) Presbyterian

Methodist, Wesleyan Jewish Muslim (Islamic)

Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Christian Religion (not further defined)	<input type="checkbox"/>	Protestant	<input type="checkbox"/>	Evangelical	<input type="checkbox"/>
Other Religions	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	No Consent	<input type="checkbox"/>

I consent for the sensitive personal data in the two questions above to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Parent/Guardian

Signed: _____ Date: _____